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THE
Journal of Osteopathy

KIRKSVILLE, MO., JANUARY, 1907.

LIFE'S LESSONS
AS TAUGHT BY OSTEOPATHY.

DR. A. G. HILDRETH, ST. LOUIS, MO.

Standing to-day, as you do, upon the threshold of a new life, fraught with so much to you, and with much to those with whom you are to come in contact, it seems to me there is nothing I could say that would be of as much value as to outline briefly a few of our experiences. How I long for the power to impart to you the richest and best of the incidents that have come to us in actual contact in the few short years of our existence in the practice of osteopathy, in order that you may avoid the shoals on which some of us have stranded, and grow stronger with us through participating in the experiences which have contributed so much toward our success.

From the time the first school was constructed, upon the very spot where this building now stands, and the first class was organized, less than fifteen years ago, until the present hour, ours has been a record of a character so rare and varied that it is hard, very hard, even for those of us most intimately associated with every feature of our growth to grasp, comprehend and utilize the rich lessons, moral, social, intellectual and professional that have been so lavishly and profusely heaped upon us.

Our growth has been so meteoric and our successes so far-reaching that we are compelled to weigh well the events which have led up to our present position, in order to be best qualified for what is yet to come.

You to-day are graduating, as you know, from the parent institution; the centre from which has emanated all that we possess. This is the nucleus around which clusters most, at least, of the historic happen-

Address to the graduating class of the American School of Osteopathy, Kirksville, Mo. Jan. 24, 1907

ings which must go down throughout all time as the beginning of a science destined to live forever.

It is here that he who gave osteopathy to the world made his life and death struggle for our system. Dr. Still won the victory, and osteopathy lives not only to crown his career with glory, but to bless countless millions yet unborn.

The classes that have matriculated in this school from year to year beginning with the original seventeen that constituted the first class of its kind on earth, in October, 1892, on down to the present time, have been composed of men and women from all walks in life; the rich, the poor, the farmer, the mechanic, the merchant, the lawyer, and even the doctors of other schools have from time to time joined our forces, and each according to his or her caliber have added their mite either in helping to make us what we are, or by their mistakes have added an additional burden to be borne and overcome.

In the woof and warp of the garment we are still making, we find all kinds of material. And strange though it may seem, oftentimes the man or woman that seemed to promise most has proven the poorest clay, and he that seemed valueless, has proven to be a diamond in the rough. Year after year these men and these women have spread from village to village, from town to town, from city to city, from state to state, until they have proclaimed the glad tidings throughout this broad land, that mankind is not only of divine origin, but too sacred to be butchered needlessly, and too holy to be poisoned.

They have gone forth from this knoll teaching a higher and a better way, until to-day two-thirds of the states of this Union have, by acts of their legislatures, made us welcome citizens within their borders.

But ah! all of this has taken work night and day. Eternal vigilance has been our watchword, and victory our goal. We have been compelled in many states to fight malicious persecutions from the lowest to the highest courts. And in legislatures state after state has been won by the most persistent effort. Ignored at first by the older schools of medicine, then persecuted whenever possible, then fought on every inch of ground in all legislatures, as well as courts, until they have been forced to acknowledge our strength and our worth, until they condescended first to tolerate us; and now they are sauely inviting us into their fold. "Come in and be one of us. You are good fellows, and we need you with us provided you will let us guide you, and you will aid us to fight the next thing offered that threatens our bread and butter."

God forbid that our people may ever be thus persuaded. You young men and women step from this Institution to a field of labor

that presents wonderful opportunities. There is a harvest before you, and before all of us, undreamed of, if we but keep our heads and make most of our opportunities. From this hour we count upon you as a part of our strength—and do not fear disappointment.

Think not that the battles have all been fought and the victories all won. For very far from that condition of affairs are the facts. At this time in some twelve or fifteen state legislatures, our people are doing valiant service for our cause with good prospects of success in several states. Problems of the greatest import have been presented, and some of them are now pending before the American Osteopathic Association, the solving of which can only mean most to the profession, provided cool heads prevail, and the same power and wisdom which has ever stood by us and guided us aright in our most difficult places is still with us.

Our growth has been so stupendous and our onward march has carried by storm so many, many strongholds of the enemy and brought us such wonderful success, that some of our brainiest men at times seem to me to be threatened with a progressive dementia, which not only endangers their individual equilibrium, but the welfare of the profession as well.

Looking back over the fourteen short years of our professional existence, our beginning reminds me of the history of this country only a few years ago, when the ox team and the prairie schooner were the only means of conveyance of all this Western wilderness. Think of it—less than forty years ago even—the first steel rails were extended across this continent from ocean to ocean. Oh! the hardships, the sufferings and lives it has cost, to make of all this vast territory the veritable garden of comfort and peace and happy, beautiful homes it is to-day.

As it was with this country, so it has been with us. In fact, when we study carefully the history of the past, we find there has never been given to man one single thing worth having that has not had to battle for its existence. And the harder the battle and the hotter the fight, the purer the mettle if but born of truth and if proven of value to the human race. Osteopathy has proven no exception to this rule.

Hence, instead of complaining of our hardships and condemning our persecutors, rather let us be grateful for divine guidance, and forgiving to our enemies, for they knew not what they were doing. We owe much to the men and the women who, year after year, have stood unshaken, undaunted; to those who have never wavered from the first principles as taught here upon this hill; the product of the brain of that one man whom we all love to honor, Dr. Andrew Taylor Still, the source

from which has emanated a truth which has been the means of bringing success into more lives and happiness into more homes and to more people more and greater blessings than any discovery of the nineteenth century.

As I look at him to-day and think of all he has accomplished, and the spirit he has ever manifested toward mankind throughout all of his struggles with them, there comes to my mind a few lines composed by a personal friend of mine, Mr. A. S. J. Lehr of St. Louis, entitled "Triumphphant," in which he says:

"No more is mine the cowards' story,
The weakling's plaintive moan—
The brave will fight through conflicts gory,
And from defeat rise up in glory,
To triumph and a throne.

"The coward trembling in despair,
Succumbs to craven fear,
Afraid to fight, to work, to dare,
And, giving up, he fails to share
The joys of hope, and prospects fair,
And, cringing, loses all most dear.

"He who would gain the true success,
Must conquer as he goes;
Right onward toward the goal must press,
And vanquish all his foes,—
Life's greatest prize—and nothing less—
Must be his aim, through storm and stress:
A grand Idea he must possess,
A faith that knows, a hope that glows."

To those men and women who have stood unshaken by him and with him osteopathy owes much. They are the ones who have rode in ox wagons and camped on the plains of osteopathic pioneer hardships; without shelter and friendless they have struggled on. You inherit the railroad, the telegraph, and the telephone—the osteopathy of to-day. Some have strayed from our fold, and not a few are following false gods. But the great majority are standing up like men and those who are meeting with success even beyond their fondest anticipations.

It is the fellow who has studied medicine or mental therapy, or who has his office full of hot air appliances, electric blankets or vibrators that complains of a poor practice; or that osteopathy is not what it should be, or what he supposed it was. Now mark you, I am not condemning

the people who do these things. This is a free country and they have a right to study and practice what they please. Neither am I condemning any man or woman for wanting more knowledge, for God knows that he who professes to heal the sick should strive for all there is to learn. But I cannot help but feel sorry for those who have come in contact with this great science and have failed to grasp all that it means, and all the opportunities which have been placed in their hands.

Cast your eyes across this continent; yes, visit every osteopathic office in this country, if you will, and tell me who the men are that are making a success of their lives and are adding strength to our profession. You will find them to be men and women with offices equipped with a table and a stool, and better still, you will find them capable of grasping at least a part of the great principle that has made us what we are, minds at ease and from which there shines forth a confidence in their own work, a knowledge and a satisfaction that only comes through results obtained; and too, you will find hands educated in the sense of touch to a degree that never has or never will be equalled by any manufactured mechanism on earth. You will find also if you will look up the records, that it has been these genuine Simon pure osteopaths who have fought our battles and won our victories. They have borne the brunt of our burdens in many ways. Their friends, made through results, have ever rallied at our call and fought like heroes for our cause. They have contributed unstintingly of both their time and their money, for the reason that they not only had the caliber to know what had been given to them through osteopathy, but the ability as well to see the wisdom of contributing from their substantial blessings in order that others might aid in spreading the good work destined to benefit so many. They are the kind of people that are not afraid of competition. They are looking for more of the right kind of osteopaths; and they are always ready to bid you welcome to the field. And too, you will find as you pass them all in review that it was not always the most polished or wealthy, or the one with the longest string of letters attached to his name, nor he who comes with the blare of trumpets or the beating of drums when he matriculated here or elsewhere, that has made the most eminent success of his life; but rather you will find occupying the highest degree of success and confidence, the men and the women who came here cool headed, conservative, earnest students, hungry and anxious to learn all there was in osteopathy, willing when they graduated to undergo whatever hardships were necessary to establish themselves upon the right footing. Satisfied with a small beginning, and truly grateful for the privileges they enjoyed. They came here in earnest; they came to master the science; they were

seeking a life's profession; and when they graduated they knew they had not come in vain.

To these, and such as they are, is the profession indebted now, and always will be for the pioneer work which has done so much to place osteopathy upon the right basis before the world.

Our success has come to us first through the cure of diseases pronounced incurable by the older schools of medicine; and second, through our ability to demonstrate that we could stand side by side with practitioners of all other schools in general practice, and not only secure as good, but even better results than they.

And, again, it has come because our treatment is strictly scientific, and not a cut and try method; a science as correct as mathematics so far as we have gone. Men may talk to you of adjuncts and tell you osteopathy is not a complete system. It is true, we have not so far performed operative surgery, and the average physician of other schools should not be allowed to do so; for surgical cases should go to men especially qualified and licensed to do that kind of work. We recognize surgery as a science distinct and separate. But let me tell you something: should we strike surgery from our curriculum and never even advise its use, the patients who would die for us through lack of surgical attention, would number far less than the deaths that now occur, due directly to operations that should never have been performed, or else due to operations performed by men unskilled in surgery. Mark you, I am not advocating the abolishment of surgery, but I am telling you what experience has taught us as osteopaths, and instead of encouraging a desire on your part to hunt for an excuse to operate—I want you to know that you possess in those fingers of yours a better way than even surgery for countless hundreds of cases that are now called surgical by the average physician of other schools; in other words, you are striving to avoid operations and not seeking excuses to perform them.

While in Kirksville recently it was my privilege once again to witness "The Old Doctor" give a treatment before a dozen or more students and hear him explain in his own way his treatment. And I truly wish that every osteopath on earth could have heard him, and after hearing him could have been able to apply his reasoning. It was a case of enlarged mammary gland, and in the simplest, plainest possible way, he demonstrated how a twist of the fourth and fifth ribs on that side had interfered with the action of the nerves that controlled the circulation of the gland. He corrected the ribs, relieved the nerves that controlled the mammary circulation; in other words, he re-established the drainage to the gland. He illustrated the fact that the power within was equal

to the emergency, and in fact was the only means on earth powerful enough to accomplish the work necessary to be done. The principle demonstrated there and then by him was the truth in a nut shell. It is the beacon light that beckons us on, and we must possess the secret of its unfoldment in order to be capable to unravel and to become proficient in a knowledge of the sublime mechanism of life as demonstrated in the human body. It is the immortal spark of our existence.

His demonstration was so simple, yet it carried with it a weight of sacred knowledge that I can liken to nothing other than the growth and unfolding of a beautiful flower. The life principle we know to be there. Its beauty and its fragrance captivate us, and we stand with heads bowed in reverence to the law of its creation.

This principle is applicable to every part and particle of the human structure, and if you but know as you should, the origin of the nerves that control every function of the body, you will never have any trouble to locate causes, or to re-establish normal conditions whenever you are given a proper opportunity. This is the knowledge you need, and if you possess it as you should, as the years roll by and you learn more and more of the perfection and power of recuperation possessed by the structure with which you are dealing, the higher will be your conception and the greater your confidence in your creator.

Allow me to make this assertion, and I realize it to be a radical position to take and a little in advance of our growth at this time. It is this: Osteopathy is to-day the most complete system of medicine taught in any school on earth. It is not the system that is incomplete. The fault lies in the men and women who undertake to practice it and who fail, either through a lack of knowledge they should possess, or from a lack of ability to comprehend it in its entirety.

Members of the graduating class, you have reached a period in your lives. After two long years (and I expect they seemed much longer to you when you matriculated than they do now) of hard, earnest labor, you have reached the stepping stone from which you are to climb life's rugged ladder. The wisdom of your choice in professions can only be known as the years roll by. In my judgment you have chosen wisely and well.

The Faculty of this institution have placed their seal of approval upon your efforts and through me here and now extend to you one and all their hearty congratulations, and bid you Godspeed. Your college work may end here but your search for knowledge has but begun and can never cease. You simply change from one school to another. From the one for literary and scientific development to the greater one of

contact. No men or women were ever graduated in any profession, from any school on earth, who have had opened before them greater opportunities than lie before you. I would not for the world raise one false hope within your breasts, nor do I want to over-encourage you, but I would to God I could be given the power of speech to convey in words to each one of you the all that belongs to you, if you can but realize and know your opportunities, and can be given the judgment and the wisdom to benefit by them.

I know that in the hearts of many of you to-day there is a feeling of uncertainty and an anxiety to know what the future has in store for you; have courage—there opens to you the best there is on earth,—moral, social and professional. You will be welcomed as honored guests in the best homes of this country; you will be looked up to and respected for the knowledge you possess.

Through the work that has been accomplished in your profession, your professional position ranks second to none. You stand side by side in the eyes of the public with the schools that have been in existence for hundreds of years. At one leap in the passing of your college days, you have landed yourselves in an enviable position. Few can realize what they possess when they stand where you do, and so many have thrown their opportunities away. Your future lies in your own hands. You have attained much. But now, you are face to face with the real problem; The ability to keep and add to what you have gained. Your task is not an easy one, for with your golden opportunities come the grave responsibilities that enter into every walk of life. With you the burden is even greater than in most vocations or professions, for in your hands are placed the responsibility of knowing that the human lives entrusted to your care have and are given every opportunity possible to guarantee their complete and ultimate restoration to health. A human life is a sacred trust, and should only be accepted with a full knowledge of the responsibility you owe both to them and to yourself.

The question upon which your future hinges is: do you know what you came here to learn? Are you in possession of the key that unlocks the secret of the cause of all diseases?

It seems to me that Ella Wheeler Wilcox in her beautiful lines entitled "Which Are You" comes near placing us where we belong when she says:

"There are two kinds of people on earth to-day,
Just two kinds of people: no more, I say.
Not the sinner and saint, for 'tis well understood
That the good are half bad, and the bad are half good;

Not the rich and the poor, for to count a man's wealth
You must first know the state of his conscience and health.
Not the happy and sad, for the swift, flying years
Bring each man his laughter, and each man his tears.
No; the two kinds of people on earth that I mean
Are the people who lift and the people who lean.
Wherever you go, you will find the world's masses
Are always divided into just these two classes.
And, oddly enough, you will find too, I ween,
There is only one lifter to twenty who lean.
In which class are you? Are you easing the load
Of over-taxed lifters who toil down the road?
Or are you a leaner who lets others bear
Your portion of labor and worry and care?"

There can be no question but what every osteopath should be and is a lifter; certainly they should never be a leaner.

Another responsibility that you owe not only to yourselves but to the profession as well, is loyalty to your Alma Mater. It matters not if at times there may have come some differences of opinion between you and the members of the faculty, which I hope did not occur, or even with the management, the fact remains that this institution is now, and ever has been the solid foundation upon which and from which so much has been builded. And this is said with all due respect and allowance toward the many good, able men associated with and graduated from other colleges of osteopathy. It makes no difference whence we came. The fact remains that we all, of all schools, owe our origin to this institution, and at this time when courses are being lengthened and subjects discussed which tend to scatter our energies, it behooves you—yes, and every graduate of this school, as well as every osteopath on earth, to be mindful of the hand that has made him what he is. I wish you could know the number of men and women who stand high up in our professional world who owe their all to this institution and to osteopathy; and I wish, too, that they could be awakened—not but what they are grateful for the many blessings they enjoy, or that they are unmindful of the source from which they came—but they should be aroused to a more active, earnest effort of duty toward the parent institution. This is our source, and as such deserves much at our hands.

In conclusion I know of nothing better to wish you than the "Success" so beautifully expressed by Mrs. A. J. Stanley:

"SUCCESS."

"He has achieved success who has lived well, laughed often and

loved much; who has gained the respect of intelligent men and the love of little children; who has filled his niche and accomplished his task; who has left the world better than he found it, whether by an improved flower, a perfect poem, or a rescued soul; who has never lacked appreciation of earth's beauty or failed to express it; who has always looked for the best in others, and has given the best he had; whose life was an inspiration, whose memory a benediction."

MOVABLE KIDNEY

FLOATING KIDNEY.

DR. CHAS. C. REID, DENVER, COLO.

Anatomy studied topographically teaches us that the lower end of the right kidney is about one inch above a horizontal umbilical line, while the inferior extremity of the left kidney is about one inch and a half above the same line.

A kidney that is displaced and moves no farther down than to this horizontal line is called a movable kidney. A floating kidney is one that moves below the umbilical horizontal line or over beyond the median line. It may be as low as the pelvis or over on the opposite side of the abdomen. Let us note somewhat in detail the topographical anatomy of the kidneys.

The kidneys are two in number and are against the posterior abdominal wall on each side of the spinal column. Each has a fatty capsule and a true capsule. The true capsule is composed of connective tissues and envelopes the kidney closely. The false capsule is merely a mass of fat in varying quantity which covers the kidney partly or completely. The kidney has the characteristic reniform shape. The upper end of the left kidney is in contact with the spleen, while that of the right kidney is in contact with the liver. The right kidney is one-half inch lower than the left. Each kidney is about four inches long, two and a half inches wide and one inch thick.

Locate the kidneys anteriorly by drawing a horizontal line across the abdomen through the umbilicus. Then three inches on each side of the umbilicus draw a perpendicular line, one inch upward on the right side and one inch and a half upward on the left side, and you locate the normal position of the lower end of each kidney.

To locate the kidneys posteriorly you draw two horizontal lines; one at the eleventh dorsal and the other at the third lumbar spines. Then mark four vertical lines; one one inch on each side of the spine, the other two three and three-fourths inches on each side of the spine. The kidneys are in the parallelograms thus marked out. The inferior extremities of the kidneys are from one to one inch and a half above the crest of the ilium.

CAUSES OF MOVABLE AND FLOATING KIDNEYS.

A contracted middle zone is given by some as the chief cause. Methods of dress are a cause. Movable kidneys are found in the large majority of cases in women. Habit and occupation are potent factors; e. g., constant jarring, as railroad engineers, divers, etc. Falls, wrenches, strains, child bearing and traumatism are all to be considered. General debility with absorption of fat and flaccidity of the tissues may be considered a predisposing cause. Lesions of the lower ribs or of the vertebræ from the tenth dorsal to the second lumbar also produce a predisposition.

SYMPTOMS.

In some cases symptoms may be absent, but this is rare. Usually there are some digestive symptoms; intestinal indigestion, colicky abdominal pains, nervous dyspepsia, constipation, gastroptosis and splachnoptosis. There may in rare cases be crises of pain, chills, fever, nausea, vomiting and prostration, which is probably due to a twisting or kinking of the ureter of the floating kidney.

Other symptoms are dragging pains in the back, going down the ureter and may go to the hip. The urine may be spasmodic. Renal colic sometimes occurs.

More or less nervous symptoms accompany these troubles. There may be neurasthenia, hysteria, hypochondriasis, irritability, fretfulness, worrying, loss of strength, etc.

PHYSICAL EXAMINATION.

In this inspection, percussion and auscultation are of little value. Palpation is all important. The best position for palpation is to have the patient on the back with the head slightly raised and the knees drawn up. Place one hand in the lumbar space in contact with the twelfth rib, the other hand flat on the abdomen in front and resting just below the costal margin at the outer side of the rectus abdominis muscle. Have the patient take deep slow respirations. Make firm pressure during expiration, and you will likely feel the kidney move upward between your two hands. In some thin subjects the normal

kidney can be felt. If it comes down to the level of the umbilicus it is called a movable kidney. If below that or to the median line it is called a floating kidney. The right kidney is much more frequently at fault.

DIFFERENTIAL DIAGNOSIS.

Floating kidney must be differentiated from various tumors, swellings and a distended gall bladder. Sometimes this is difficult, but as a rule it is readily done. Slight differences in consistency, location, size, and attachments with symptoms will usually lead one to right conclusions.

TREATMENT.

Various treatments have been tried, most all of which are palliative or of no avail, except surgical and that is dangerous to the patient's life, and frequently very unsatisfactory after the patient has recovered from the operation. Adhesions often form that annoy and aggravate the patient the rest of his life, and keep him in a state of chronic invalidism. I know of just such cases personally at the present time.

One method of treatment is to put the patient in the Trendelenburg position for three to six weeks and keep the bowels regular. I do not like this method and have heard of no results from it. A second method is to wear a kidney corset, or a kidney truss. Some good results come from this. Often, however, it is a failure and causes great annoyance to the patient while wearing it.

The surgical method is to cut in and anchor the kidney as near normal as possible. It should be anchored a little below where it was normally and allow a little motion if possible, as there is a slight movement of the kidney normally in respiration.

The osteopathic method is not a panacea for all floating and movable kidneys, but from experience I can say I believe it will cure a large percentage of these cases, chiefly the movable kidneys. See that the kidney is in position at each treatment, tone up the system if debilitated, correct any rib or spinal lesions which have anything to do with it, relax contracted muscles, spring the muscles strongly from the tenth dorsal to second lumbar to increase blood supply to the renal nerve centres. Treat from one to three times a week, according to circumstances, for two or three months.

Some cases will yield even quicker than that. The kidney will often stay in place a week or two and symptoms cease, then it will come down again, which is at once recognized by the patient from the symptoms. Much can be done by persistently replacing the kidney and treatment.

Case 1.—Young lady, twenty-five years old, book-keeper, debilitated, very nervous, dragging pains in the back, pains in right side, spasmodic urine, intestinal indigestion, flatulency. These symptoms had bothered her more or less for five years. She tried medicine, massage, and electricity with no permanent relief. In her run down condition there was a relaxation of the tissues. Upon examination it was very easy to discover the right kidney about an inch below its normal position. At each treatment the kidney was pushed into position, and after the fourth treatment it stayed in place about two weeks. She took treatment for a month three times a week, then two months twice a week. That has been seven months and the kidney has remained in place. Treatment was directed to building her general health, to stimulating free blood supply to the renal nerve centers, and springing the spine forward in the dorso-lumbar region, which was weak and slightly posterior.

Case 2.—Young man. Insurance agent. Symptoms of movable kidney for one year. Very nervous and depressed. The kidney was an inch below normal. It remained in place after the third treatment. That was three months ago and he has had no trouble since. Treatment consisted in placing the kidney when it was down; in stimulating the blood and nerve supply to the kidney and capsule by strong springing of the spine from tenth dorsal to third lumbar.

Case 3.—Lady, thirty-eight years old, married, clerk. Symptoms of movable kidney for ten years; diagnosed by physicians as various forms of liver and kidney trouble, but none seemed to find the misplaced kidney. Lumbar region very tender, much contraction of the quadratus lumborum. Second lumbar lateral, eleventh dorsal posterior, distress marked in region of the right kidney. The kidney was easily caught between the two hands about an inch and a half below normal and its movements upward and downward during respiration were readily noted. After three months treatment the kidney remained in place and most of the distressing symptoms passed away. After six months some tenderness still remains in the region of the kidney. Treatment directed to correcting lesions.

I could give other successful cases of movable kidney. Have had no cases of floating kidney to treat regularly. Of course the floating kidney would be more difficult to cure, but the same principles carried out would doubtless cure many.

THE ANATOMICAL RELATIONSHIP BETWEEN DISEASES OF THE RECTUM AND DISEASES OF THE RESPIRATORY TRACT.

DR. J. B. BEMIS.

Enlarged by permission of the program committee to embrace such other tracts as time and space will permit

I make no pretensions to an exhaustive discourse of this much neglected subject, upon which there is little of value or direct bearing by physiologists to serve as a guide. Clinical observation and a few hints by Hilton, Quain and Robinson, being the basis of this paper.

The claim that diseases of the respiratory tract is the most important or the most frequent lesion resulting from diseased conditions in the rectum, is not held by myself, but I agree with the program committee that we should carefully discuss the subjects away from the beaten path, to the end that less palliation and more cures be effected.

It is not for us to be content with the knowledge that these other diseases co-exist with rectal diseases, but to know the paths of communication, that we may not further irritate an already over-stimulated center or nerve trunk.

We will first take up the relation to the respiratory tract, and show the other relations in order.

As the diseases in question are of a reflex nature, we must trace the reflex paths. Those diseases resulting from mal-nutrition would presumably find their way through the sympathetics, as this system presides over the automatic functions. The rectum and anus, according to Quain, have off-sets from inferior mesenteric and hypogastric plexuses. According to Robinson, the inferior mesenteric only. As a disturbance in the rhythm of any plexus is referred to the solar plexus, disturbing influences will be reorganized at that point, from which a general disturbance or disorder of all automatic functions will take place. The rhythmic action of the stomach, liver, heart, as well as the lungs will be disturbed.

Now let us follow this disturbed rhythm out of the solar plexus or abdominal brain. There are three avenues. The discharges of nerve force will take the easiest route of escape, and it will depend in a great measure upon the various conditions of the system, which of the three routes are followed, as all are amply supplied with carrying facilities.

First, following the sympathetic chain of ganglia into the thoracic

Read before Minnesota Osteopathic Association

plexus, into the pulmonary and aortic plexuses, taking into account the connection with the nerves of respiration, also the vaso-motor aspect of the case, which is by no means a small factor in diseases of the respiratory tract. You can easily see how a disturbed rhythm in the aortic plexus, for instance, an over-irritation in this plexus would cause vaso-constriction, high blood pressure and its consequent ills.

Another avenue of escape for these discharges is the pneumogastric, rich in fibres to the solar plexus. This great wanderer carries the impulses to the cranial centers, distributing them in the cervical, cardiac, and brachial plexuses. And of course as this is the sensory nerve to the entire respiratory tract, gives us perhaps, the most influential and direct paths through which diseases of the rectum invade the respiratory tract.

Again, the splanchnics; leading directly into the cord, and the reorganizing pulmonary center in the upper dorsal.

Probably the foregoing outline covers the paths taken by reflexes from diseases that affect the mucous coat of the rectum and give no pain at the point of lesion; although no doubt the vaso-motor influence felt through the vascular disturbance attendant upon hemorrhoidal conditions conveyed by way of "Auerbach's plexus" is marked.

I wish to give you a case to illustrate mal-nutrition and resulting bronchitis: Mrs. C., aged forty, anemic, no children, intermitting diarrhea and constipation, chronic bronchitis, with an unusually hard attack in winter, indigestion with an occasional severe attack of pain in the pelvis. Examination showed invaginated rectum and tight sphincters. Local treatment directed to stimulation and tonicity of the rectum, dilatation of the anus, systemic treatment directed especially to the nutritional centers, has resulted in great relief and absence of the bronchitis for nearly a year and a great improvement in the body nutrition. The bowels are practically normal and I consider that her whole trouble originated in the rectum.

Next let us consider the cerebro-spinal reflexes: It is probably through this system that pathological conditions affecting the muscular coats and the anal region are impressed upon distant tissues or organs.

The immediate effect on respiration from forcible dilatation of the anus is well known. The nerve impulse probably finds its way through the sacral nerves to the cord and the various re-organizing centers in the upper dorsal and medulla. If the pneumogastric sent fibres to the rectum, this would probably be the channel of the reflex, and nature probably provided wisely in not doing this, as in the event of such distribution it would be practically impossible to preserve anything like a rhythmical action in either the respiratory or cardiac tracts.

The effect on the eye of hemorrhoids is always noted and is probably a vaso-motor influence through the superior cervical ganglion.

We have now under treatment a case of chronic eye weakness, having no visual defect. I consider the trouble due entirely to hemorrhoids and constipation. This case is yielding nicely to treatment.

As a further illustration of the effect on the respiratory center let me mention a case which came to the office and asked immediate attention from the secretary. We found the patient stretched out on the table, prostrated, head retracted, quivering eyelids, rapid thoracic breathing, flushed face, speechless. The case looked alarming. In absence of any data, the objective symptoms pointed to hysteria. Our first impulse for palliation of this trouble was dilatation of the anus. We found a bad prolapsus ani. Reduced it and the symptoms immediately subsided. The case is still under occasional treatment and is recovering.

Prolapsus, fissure and hemorrhoids, by affecting muscle tissue, may produce bronchitis, asthma, consumption or pleurisy as a reflex disease by anatomical changes through the spinal nerves. The process is gradual and the first result will be spinal impaction, this in turn by damming of the blood supply to the cord, starving the nerve centers, and a consequent loss of proper innervation to the musculature of the thorax, resulting in rigidity, incorrect respiration, poor nutrition and disease.

Those diseases of the rectum, such as deep ulceration and fistula, produce disease in the respiratory tract by auto-intoxication through the lymph channels. Through the connection of the pudic nerve with the sacral plexus, we probably get more sciatica than from osseous lesions.

I feel that I cannot close this paper without one case illustrative of my last statement. It also illustrates the deplorable habit of procrastination, and the evil effect of calling every pain, not easily accounted for, "rheumatism."

Some three years ago, Mrs. X. came to the office for examination. After a delay of one year she returned for treatment. I found the conditions of a year previous, (which at that time was constipation from incorrect habits and diet), had progressed to the point where the case seemed somewhat hopeless. There was anemia, much gastric and pelvic pain, hemorrhoids, no secretion in the rectum, contracted sphincters and genital disorder.

Treatment however was begun and happily resulted in a steady improvement. Rectal treatment was, however, greatly resented, and as

soon as regular stools occurred, the patient discontinued treatment although not cured.

About a year afterwards the patient returned for a few treatments and disappeared again as soon as she felt relief. This summer I received a telephone message from her husband, saying that she had been at Mt. Clemens for six weeks for a bad case of rheumatism, and had returned no better, in fact, was on crutches, and would like attention at once. As I could not go that day, Dr. Upton kindly took up the case, whose report you will hear, I am sure, with interest.

X-Rays Leading Factor in Patrick Case

EXCLUSIVE INTERVIEW WITH DR. WILLIAM SMITH, WHO PROVES, BY MEANS OF SKIAGRAPH, THAT EMBALMING FLUID UNQUESTIONABLY PERMEATES THE LUNGS.

Confirms Absolutely the Contention of the Defense, that Any Apparent Congestion or Oedema in the Lungs of William M. Rice Was Not Due to a Mythical Inhalation of Chloroform—Intensely Interesting Facts Concerning the Human Circulation.

From the January 15th issue of the Sunnyside, a leading Undertaking Trade Journal of New York City

If any further evidence than that already presented by the Sunnyside were needed to prove the contention of American embalmers that embalming fluid reaches the lungs when injected into the lungs, and that any congestion which might have been observed in the lungs of William Rice was due to embalming fluid and not to absurdly administered chloroform, that evidence is herewith exclusively submitted by this journal. Albert T. Patrick's death sentence commuted to life imprisonment by Governor Higgins, must now without fail be further commuted to vindication and liberation when these facts are properly presented to the new Chief Executive of this Commonwealth. Embalmers know from actual experience that embalming fluid reaches and permeates the lungs, no matter into what arteries of the human body it is injected, but how to prove this by ocular demonstration, by irrefragable evidence, such as the whole world can see and recognize, has been the difficulty. That difficulty is now solved by photographing the injection in the human body, by the aid of the wonderful X-rays, and the man who has done this and tells all about it in the interview given below is Dr. William Smith, a highly educated physician, an authority on X-ray work, and for eight years a practical demonstrator in anatomy. The interview is prefaced by a communication addressed to the editor of this journal, in which Dr. Smith, at our special request, gives some information about himself in order to show his qualification for the work which he did in Kirksville, Mo., eight years ago, before the Patrick case had happened or a question similar to the one involved in this case arisen.

DR. SMITH'S PRELIMINARY EXPLANATION.

To the Editor of the Sunnyside:

I am a licentiate of the Royal Colleges of Physicians and Surgeons of Edinburgh, and of the Faculty of Physicians and Surgeons of Glasgow, both in Scotland. I am a member of the Medico Chirurgical Society of Edinburgh, and a Fellow of the Obstetrical Society of the same town. I have made a special study of several branches of medical work, among them medical jurisprudence and toxicology and anatomy. My teachers on those subjects were in medical jurisprudence and toxicology, Sir Henry Littlejohn, now the retired Professor of that line in the University of Edinburgh, and Sir Joseph Bell (the original of Sherlock Holmes) late President of the College of Surgeons, Edinburgh, and with both of those gentlemen I have done much work in criminal lines of medicine, both in the matter of autopsies and in the courts. My education in anatomy was obtained under such men as Sir William Turner (now Chancellor of the University of Edinburgh), Dr. Daniel J. Cunningham, now Professor of Anatomy at the University of Edinburgh, and Dr. J. Macdonald Brown, now in London, late lecturer on Anatomy at the Royal College of Surgeons, Edinburgh, for whom I acted as assistant demonstrator for some time. As an anatomist, I am perfectly acquainted with the various methods of injecting the human body, both for preservation and the filling of the arterial circulation for the purpose of rendering the vessels easily distinguishable from nerves, veins, etc. The method of "hot injection" with the "filling" which is hereafter mentioned, is that employed most commonly in Edinburgh.

For six years, in this country, I acted as demonstrator of anatomy in the American School of Osteopathy, at Kirksville, Missouri, and during that time embalmed, injected with filling, and dissected many bodies; in fact, in my anatomical experiences I presume that I have embalmed, injected and subsequently either personally dissected, or been concerned in the dissections of, at least one thousand bodies. In addition, outside of actual dissection, I presume that I have made autopsies on over five hundred bodies, as for some time I worked in the pathological department of the University of Edinburgh under Dr. D. J. Hamilton, now professor of pathology at the University of Aberdeen in Scotland. I state all these facts to enable me to make the claim that I consider myself competent to speak as an anatomist and embalmer.

I have read certain depositions in the case of the People of the State of New York against Albert T. Patrick, and note that there the statement is made by certain witnesses for the prosecution, that embalming fluid injected into the right brachial artery can never reach the lungs. Further, that it is possible, after a body has been injected with embalming fluid, to state whether or not congestion of the lungs was due to the inhalation of chloroform vapor. From experience I can do not other than declare, upon oath if necessary, that both statements are erroneous, and in support of that allegation I beg to submit the following, which I am satisfied will amply demonstrate the truth of my position.

I will place in evidence an article written by me and published in the American X-Ray Journal of December, 1898, and two skiagraphs, never before published, made by me at the American School of Osteopathy, in Kirksville, Mo.

It does not matter in the least into what vessel of the arterial system an embalming fluid is injected, it goes directly into the aorta, and from that into every other artery of the body. The brachial artery is most commonly selected by undertakers, for the reason that the vessel is easily reached, and, further, that in the case of female bodies it suggests to the relatives some degree of modesty. To the anatomist all

arteries are alike. In Europe it is the femoral which is most commonly used; in America the carotid. I always use the femoral, one especial reason will be found on page 479, (A) of the American X-Ray Journal above alluded to.

The fluid being in the arterial system, is distributed throughout it to every point to which it will travel. Under ordinary circumstances, that will be to the entire vascular system, for there is no hindrance to its passage by way of the capillaries into the veins, with only one exception; it will not pass through the aortic semi-lunar valves, so will not enter the left side of the heart. That point later. Suppose it only distends the arterial system and does not enter the left side of the heart, it goes to the lungs by the following routes: By the bronchial arteries (absolutely no hindrance); by passage through the capillaries into the veins, reaching thus the right side of the heart, thence by way of the pulmonary artery, or by way of the coronary arteries, these being the vessels for the supply of blood to the heart substance, and their veins ending in the right auricle, at the opening known as the coronary sinus. Simple embalming fluid will enter the lungs by all of these three channels in every case, and I speak as one knowing. But it must be remembered that, under certain circumstances, such as in old age, or in cases where without old age we have an enfeebled heart, where the valves on the left side of the heart are incompetent, there is nothing to hinder the fluid injected into the brachial, or any other artery, from passing right through the aortic and mitral valves, and so to enter the pulmonary veins. At an ordinary autopsy, in order to determine the competency of the cardiac valves, the procedure is to remove the heart, the aorta and pulmonary artery being cut off about half an inch from the heart; the four cavities are then opened with the knife, in such manner as not to injure the valves, and then the valves are tested with fluid pressure. In other words, the test of the competency of a valve is never greater than the weight of one half inch of water. If the valve does not let the water run through it is called competent. But in injecting a body for the purposes of embalment a totally different state of matters comes into play, and there is not a doubt in the world in my mind that in nine cases out of ten the embalming fluid enters the lungs directly by way of the pulmonary veins.

Every school-boy who has attended a course of scientific lectures, and every mechanic, is acquainted with the principle of the hydraulic jack, the old time hydraulic press invented by Bramah, the Bramah's Press. If we inject fluid through a small channel, into a space and confine the fluid within that space we exercise on every part of that space of the same area as that through which we injected that fluid, a pressure exactly equal to that which we used in injecting the fluid. Thus, if we use an ounce of pressure to the square inch in a tube of that capacity and that tube communicates with a confined space of great size every square inch of surface in that space will be under a pressure of one ounce. Suppose, then, we use a tube of small size and, inserting that in the brachial artery, allow a pressure of, say, six ounces to flow in, all parts of the arterial system are under that pressure. But as the aortic orifice is an area of about three-quarters of an inch in diameter, it is easy to see that the pressure upon the, at best, thin, membranous valves, the semi-lunars, is great. Is it any wonder that in most cases, as I have already stated, the injection fluid passes readily into the left side of the heart? This must not be taken absolutely, as the arterial system is not strictly "closed space."

But in old age the vessels undergo change. It does not take as much fluid to distend them. When nature does not require blood for a part the vessel atrophies; when she does not require as much blood throughout the whole body the vessels

diminish in size; they also lose their elasticity; they become more or less rigid, largely through the deposit, in their walls, of calcium. These facts are illustrated and alluded to at page 480 (illustration on 479) (B); and again at page 481, (illustration at page 482) (C). In this way it is that the amount of fluid which would only moderately distend the circulatory system of a young, well nourished person would over-distend the system of an old, enfeebled individual.

At an earlier point in this brief article I stated that embalming fluid frequently passes through the capillary circulation and enters the veins. At page 482, (D) will be found reference to an illustration on page 485. I there express the opinion that it was a case of double artery; it will be noted that the duplication exists on only one side of the body. That opinion was expressed before the body was opened. When it came to be its turn to be dissected I found what I have found (as already stated) in many cases, that the hot tallow, etc., had passed through the capillaries of the region and injected the veins on the left side, while it had not done so on the right. The explanation of this can only be that possibly the body was not completely submerged in the heating tank; it may have been lying on the left side and the right have been thus cooler, but in any case a wax injection will only go through when injected very hot into a well-heated body. That such does happen I have shown, and will later show in other pictures. But an injection of plaster of Paris, such as is commonly used in this country as a "filler," will most certainly not go through; the particles of lime are too large to pass through the capillaries. But if a wax solved by heat, containing sulphide of mercury in very fine powder will and does go through the capillaries into the venous circulation, hence must with ease pass into the lungs in more than one way, why will not a simple solution containing no solid particles at all? More of this later.

I have stated that a simple solution not containing solid particles does pass through the lungs. At death the last action of the circulatory apparatus is to force all the blood in the body into the venous circulation, and, it may be noted that the capacity of the veins is such that they can easily contain all the blood in the body in life. The fluid used in this case of Mr. Rice contained formaldehyde, one of the properties of which is to preserve organic matter, but in so preserving it, it hardens it. For that reason I never used formaldehyde in any preserving fluid used by me; it made the tissues hard and brittle. I used a fluid of my own devising, containing arsenic, (arsenious acid), corrosive sublimate (perchloride of mercury), chloral hydrate, alcohol, glycerine (only in certain cases), and water. Now, when the fluid is propelled, not forced, simply propelled, through the capillaries of the lung it finds the veins in the lung already full of blood. It mingles with it. The formaldehyde acts just as it will on any similar tissue; it at once coagulates it, produces a more or less hardened mass. I note that in some of the affidavits in this case patches of congestion are mentioned. I can only say that if every body in which I have seen such after injection with a fluid not even containing such an ingredient as formaldehyde had died of chloroform poisoning, the makers of chloroform are doing a rushing business. If you inject an excess of liquid into an already full tubular system, you are bound to produce an appearance of congestion, and, if you produce a coagulation of the blood in the veins (which under ordinary circumstances does not coagulate after death) you accentuate that, and the blood being coagulated, an excess of fluid being present and in addition the liquor sanguines (the serum of the blood) set free, you produce in the lung an appearance of oedema with congestion; and now let me say, and say most strongly, that I stand on this point. I am right or wrong: Let the

medical witnesses for the prosecution (whose ignorance I regret) select a body, any cadaver they like, from the age of two years up to a hundred. Let a simple arsenical solution be injected into its right brachial artery, in exactly the same manner and proportion as to weight of body, as was done in the case of Mr. Rice; leave the body quiet for twenty-four hours; let the fluid have all its chance to soak through the capillaries. Then, no need for any fancy work, simply remove a bit of a lung, any part, and test that piece of tissue by either the Marsh or Reinsch process for the presence of arsenic. It will be there.

With this short theme on the case of what I believe a great wrong I place my article "Skiagraphy and the Circulation," as also two other Skiagraphs at the disposition of the Sunnyside. I am willing to swear to the truth of every word of what I have here written, and to the truth of every word I wrote in that X-Ray Journal article in 1898. I leave the pictures to speak for themselves; they tell more than I can. These pictures are the only ones of the kind in the world, fragments of the body have been radiographed as stated in my article, but the whole body at one act only by me, and it is strange, indeed that what I did eight years ago, with no thought of its ever being used on such an occasion, by the merest chance came to my remembrance last week. Did I believe that one word which I write here was untrue or not absolutely so, it would not be written.

WILLIAM SMITH, M. D.

THE SUNNYSIDE'S INTERVIEW WITH DR. SMITH.

The interview with Dr. Smith took place at the office of the Sunnyside, January 5th, in the presence of Mrs. Albert T. Patrick, Dr. Harry M. Still, son of the founder of Osteopathy, and Prof. Charles A. Renouard, demonstrator of the Renouard Training School for Embalmers. The editor of the Sunnyside began by asking Dr. Smith the following questions:

Question—Doctor, when did you first hear of the Patrick case?

Answer—I have heard of the Patrick case, of course, for several years, but I paid no special attention to it at all. I never realized that I would be of any service in the case, no more than in any of the many other murder cases which we hear of every day.

Q. You first took more interest in it during your recent visit to New York City, and how did that come about?

A. Two weeks ago I was going down town in a Broadway car and in reading a paper noticed there a reference to the Patrick case saying that "commutation of the sentence of death was asked, upon the ground that they had testimony to the effect that embalming fluid does enter the lungs." It flashed immediately into my mind that if a man's life or a man's liberty was depending upon such a statement that I had that which would absolutely verify the assertion. I got off the car and went into the New York Life Building and telephoned Judge Olcott, who I learned from the paper was Mr. Patrick's lawyer. I made an appointment with him and afterward saw him at his office, where I asked him if it was of importance to incontrovertibly prove that embalming fluid could and did reach the lungs. He replied it was. I then told him I could furnish such evidence.

Q. What was the nature of the evidence to which you referred?

A. I simply stated that I had skiagraphs made by me eight years ago, before the death of Mr. Rice, of the circulation, which absolutely proved the presence of fluid in the lungs.

Q. The presence—what do you mean by that?

A. The radiograph showed that the matter injected into the arterial system had penetrated through the lungs and showed that substance in the lungs.

Q. What did Judge Olcott think of your testimony?

A. The Judge said that the matter was of extreme importance and requested me to communicate with Ex-Governor Hill, who, he said, was in active charge of the case. I told him I was unable to go to Albany owing to other business engagements. He then suggested that I meet Mrs. Patrick. He made an appointment for me to meet Mrs. Patrick in his office on Wednesday, the 26th of December. I took there with me the negatives and showed them. The Judge expressed the opinion that it was conclusively proven by these skiagraphs that embalming fluid does reach the lungs.

Q. Of course, you are aware that the fact that embalming fluid enters the lungs through the arterial system has been proven in other ways than this particular method which you speak of?

A. Oh, certainly.

Q. But your evidence would be most important as proving it in an entirely new way?

A. Yes, and I may add that this work has never been done by any person but myself.

Prof. Charles A. Renouard, demonstrator of the Renouard Training School for Embalmers, then questioned Dr. Smith.

Q. Of course, as I was reading in this article in the American X-Ray Journal, you have embalmed quite a number of cases?

A. My work in embalming in almost every instance has been for the purpose of dissection.

Q. Under the circumstances you used a plastic solution?

A. I first used an injection for preservation which was simply a liquid.

Q. Was it a powerful disinfectant or was it a mild one?

A. I used a very powerful antiseptic. It contained one ounce arsenious acid, one ounce corrosive sublimate, eight ounces chloral hydrate, a gallon of alcohol, a quarter of a gallon of glycerine and a quart of water. In a case where the body is that of a full-blooded person I don't use glycerine, because in preserving for dissection I do not go to the trouble of removing the blood. My work is purely practical, not æsthetic, and I have found where you have an excess of blood in the body glycerine is liable to cause trouble. My fluid was always made up in five-gallon quantities and would stand for weeks, and was simply used as required.

Q. No sedimentation occurred?

A. No. If sedimentation occurred it did not matter at all, as fluid was drawn off from the upper part and the sediment would not amount to the thickness of the tenth part of a line in a five-gallon jar. That was only a preserving fluid. For a filling, in all skiagraph work, I used a mixture of tallow, beeswax and sulphate of mercury (Chinese vermilion). Preparatory to injection, the body was put in a tank of hot water and was kept there until I judged it was sufficiently heated. Then the filling was injected boiling hot.

Q. You don't mean you had the body at a boiling point?

A. It was kept in about 140 degrees Fahrenheit.

Q. In the water?

A. Yes. Leaving it in water for about two hours would bring it up to a little

more than body heat. The filling which I used was at a boiling point.

Q. After you had injected this solution, of course, you made dissection?

A. The body was then left to cool. An artificially heated body cools very quickly, whereas an ordinary body would take from six to twenty-four hours to cool. An artificially heated body would cool in less than two hours. The body was not touched for some time and then it would be used for dissection.

Q. How long was it, after you had injected the bodies illustrated in the X-Ray Journal, that you dissected them?

A. Those injections were made about the beginning of October. The skiagraph pictures were made for that article about the middle of November. I don't think the bodies were dissected until the middle of the next year. After the bodies were injected I never opened them until at least six months after that article was published.

Q. Did you make dissections on these bodies yourself?

A. Yes.

Q. Did you pay any attention to the lungs?

A. None. It was of no special interest to me at that time. I never thought the matter would be of any consequence. I had never paid any special attention to the lungs, and, of course, didn't in this case.

Q. You have a skiagraph plate showing the lungs with the plastic solution in them?

A. I have.

Q. It is very distinct, is it?

A. Yes, it is very distinct.

Q. Then after you had made this injection, did you examine the lungs of the body from which this skiagraph was made?

A. Yes.

Q. Did you make any slides or any dissection of the lungs to ascertain whether this skiagraph that you had taken was proof positive that the plastic solution had entered the lungs? Did you make a dissection of the lungs to see that it entered?

A. You must understand, Professor, that every body which I used for dissection during the time I was teaching in the American School of Osteopathy at Kirksville, Mo., was injected in exactly the same manner that this was, although I used vermilion as the coloring matter only in cases for-skiagraphic work. I had to dissect and demonstrate, and there never was a question raised of the fluid having or not having entered the lungs. A skiagraph is just like a photograph. It is proving. You will see when you look at this large skiagraph I have, that the injected filling is there.

Q. Did you in your course of teaching, or are you positive, that you have in your dissection of the lungs found the plastic solution in the lung tissue?

A. Absolutely, without the shadow of a doubt.

Q. Isn't it possible that you may have mistaken the plastic solution in the arterial circulation, that is, in the bronchial arteries; isn't it possible that bronchial veins might have been filled with coagulated blood which would cast a shadow?

A. Coagulated blood would be as transparent as a piece of paper. In this we have got the plastic solution so distinct that we can actually see the vessels as shown there. It is not possible that I could mistake injected fluid for the blood. There is no possibility for this injection of the bronchial arteries, as shown in this skiagraph, to be other than the tallow with the sulphide of mercury (or vermilion); there is no

possibility, I repeat, for it to be other than the plastic solution. There is no other substance it could be.

Q. Well, then, when you injected the arteries first with your antiseptic solution, isn't it possible that the astringent properties of this preserving solution would contract as it passed the capillary network as it passed through to such an extent that it might have prevented the plastic solution from passing through the capillaries when you made your second injection?

A. On the contrary. I will show you there, in an illustration in the X-Ray Journal, where on one side of the body, on the left, this boiling tallow, etc., not only passed through the arteries and through the capillary network, but has completely distended the vein on that side. On the other side of the same body, it will be seen, that this has not occurred. I mentioned the matter in the article as a curious point and speculated upon it, calling special attention to it and thinking that it might be a case of double artery. I had a case where the plastic solution distended even the vena cava.

Q. In this case you state that during your instructions as a demonstrator you have made dissections of the lungs and you also state that you have found this plastic solution solidified in the bronchial veins?

A. Certainly.

Q. In your examinations you found, of course, branches of the pulmonary veins?

A. Yes.

Q. Did you find in your examinations that this plastic solution had passed to the capillary network by way of the pulmonary veins?

A. I have found several conditions. I have found repeatedly that the fluid had passed through the capillary network and had returned to the right auricle of the heart by way of the bronchial veins. I have found that the fluid has passed through the aortic and mitral orifices and from there has gone into the pulmonary veins; I have found that repeatedly, especially in the aged. I have also found all four chambers completely distended with this plastic material.

Q. Does your skiagraph plate display any of these veins?

A. My skiagraph plate shows the right side of the heart completely black. The plate unfortunately cuts off the lower part of the heart.

Q. The vena cava does not show black?

A. No. That indicates clearly that circulation of the plastic material had not extended through the capillaries into the vena cava. But we have the right side of the heart distinct. That can only have come from the plastic material passing through the coronary arteries, then the capillaries and by way of the coronary veins into the right auricle; thence through the tricuspid opening into the right ventricle.

Q. Then, in your dissection of these lungs, after they had been properly prepared in the manner which you have described, you have found that the fluid in passing through the bronchial arteries, has passed through the capillary network through the bronchial veins, is this correct?

A. I have found it—more than once.

Q. Isn't it possible that your plastic solution, passing through the capillary network, which is extremely minute and frail, so to speak, in the lung tissue, isn't it possible that, owing to the force of your injection of this plastic solution, it may have broken down the capillary network and allowed the fluid to ooze through the lung tissue?

A. I would say absolutely no; for the reason that the surface area of the capillary network is so enormously greater than the surface area of the arteries supplying it with blood that in life the pressure is reduced to zero. Physiologists tell us the surface area of the capillary system is 800 times that of the aorta. As a consequence your pressure is only 1-800 part of the pressure in the aorta. Your pressure is cut down to that same proportion; hence would be extremely small. You will find in my article (on page 482) the following words, showing that this fluid has gone through the capillaries: "In more than one case of employing hot injections I have found that the injected material has passed through the capillaries in a part and thus filled the veins."

Q. You are speaking of the blood pressure exerted upon the capillaries during life?

A. Yes.

Q. But do you take into consideration the relative difference between the blood in its normal liquid condition and the density of your plastic solution?

A. That simply strengthens my position; because the lessening of the blood pressure as the blood passes from the aortic orifice to the capillaries is very largely due to friction against the walls of the vessels, and a fluid, such as a hot injection, containing relatively large size solid particles, would create much greater friction than such a fluid as blood.

Q. In your experience have you found that in using a plastic solution it has become mixed in this heated condition with the blood; in other words, has not the fact that you have subjected these bodies to a certain degree of heat before they were injected with this solution, caused a coagulation of the blood and interfered with the injection of the plastic solution, preventing it from passing through the capillary network or into the lungs?

A. The last act of life is for all the blood of the body to enter the veins which are amply able to hold it. The arteries are empty. I mean the veins of the body are capable of containing all the blood in the body after death.

Q. When you open an artery after death have you ever found blood in it?

A. Yes, sometimes, but then the amount was extremely small.

Q. Then the arterial system is not completely empty of blood?

A. Practically, yes; theoretically, yes; but actually, it is common to find a few drops of blood in an artery.

Q. Is it not possible then that in injecting this plastic solution you will produce a coagulation of the blood which still remains in the arteries and so prevent the plastic solution from passing into the lungs?

A. I have never found such difficulty.

Q. You know that in nearly all cases, regardless of the cause of death, there is a congestion of blood in the posterior portions of the lungs, owing to the position that the body occupies since the time of death and owing to the gravitation of the blood into these parts of the lungs?

A. Yes, providing the body has been lying on its back. The most dependent part in every cadaver always becomes more or less engorged with blood. If the body has been lying on its back we will find "post-mortem lividity" (an appearance which might easily be mistaken for bruises) in the skin tissues on all of the posterior aspect of the body. What occurs on the surface occurs in the lungs.

(Concluded in next issue.)

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NEW STAFF EDITOR.

Asa G. Walmsley, D.O., has been employed by the management of the Journal of Osteopathy as local editor. He is an experienced newspaper man and for the past year has been editing the Atlas Club Bulletin. Dr. Walmsley graduated in the January '07 class.

* * *

NEW MEMBER OF THE FACULTY AT THE A. S. O.

Franklin Fiske, A. B. D. O., of Portage, Wis., has entered upon his duties at the American School of Osteopathy. His present assignment is in the chemistry and physiology departments. Later he will probably take part of the work in osteopathic mechanics. Dr. Fiske, though a young man, is well known to the profession and needs no introduction.

* * *

In legislative affairs, the aggressive work being done is in Texas, District of Columbia, and New York State. In Texas a bill has been introduced, the substance of which is as follows:

Five members to constitute an independent osteopathic board, of which two are to be appointed on two alternate years, giving each a two-years' service, and the first board to be appointed May, 1907. The law provides for four school terms of five months each up to May, 1908. After that three years of nine months each. The fee for examination is \$10.00 and re-examination within six months is free. The powers of the board include decisions as to eligibility of schools, giving of reciprocity to holders of certificates granted by other states, and the granting of temporary permits. The penalty is a fine of \$50 to \$500, or three days to one year imprisonment. The law especially notes that massage as given by medical practitioners or nurses, is not included in the provisions. The present law of the state is the medical law, merely excepting from its provisions those who use no drugs.

In New York, the law as introduced January 22nd by Assemblyman Hawn, is

an amendment to the public health law, creating four separate boards of examiners for the allopathic, homeopathic, eclectic and osteopathic schools, respectively.

The latest news we have received from the New York fight is that contained in a long article in the Brooklyn Eagle of January 27th. The allopaths have precipitated a general fight among the different schools, which will apparently ally the forces of the homeopaths, eclectics and osteopaths against the so-called "regulars." The bill introduced by the allopaths provides for a board of nine members selected by the state regents but without reference to the school of medicine practiced. This would give the allopaths, by political juggling, the ability to secure a majority or, perhaps, complete control of the board. The bill will be vigorously contested by homeopaths and eclectics, both of which schools have flooded the state with circulars and are filling the papers with interviews.

A leading homeopath of Brooklyn, Dr. Close, says the bill is aimed primarily at the osteopaths who would be the first victims, then the homeopaths, then the eclectics, after which the allopaths would reign supreme. Dr. Close sees no reason why the osteopaths should be molested and says he, as a representative homeopath, would least of all attack another practitioner because of his school.

Dr. Bandel in an interview in the same article, says the allopaths have promised to take care of the osteopaths in case the latter will assist in passing this "medical unity bill" as it is styled. Dr. Bandel says the osteopaths will refuse to take any part in it, but will fight for their own bill for a fourth board, hoping in the general fight to get their bill through, or at least to get a legal status.

The only argument advanced by the allopaths, is the time-honored one of attempting to raise the standard of the practitioners, and one of their leaders very distinctly displayed his "wolf's teeth" by enumerating among the other things required of candidates, materia medica and medical therapeutics, saying that after license was given, the candidate could "practice whatever school he saw fit—allopathy, homeopathy, osteopathy, yes, even boozology."

In Washington, the law is in committee, and the medical lobby is doing its utmost to keep it there. Press dispatches from Washington indicate the feeling among congressmen is that the M. D's. are more concerned with keeping out osteopaths than with protecting the people. The osteopaths are making efforts throughout the country to influence, each his individual congressman, and in many sections are meeting with decided success.

In Indiana, the present law is very unsatisfactory and a number of the leading osteopaths have protested vigorously against it. The state society is raising a prosecution fund which it will place at the disposal of any outside osteopath who will locate in the state and apply for examination. At present this is practically prohibited, as the law requires four years of schooling, which no osteopath at present has except by special courses. The osteopaths of Indiana had to "take half a loaf" or get out of the state, but they are now in hopes of getting the "whole loaf."

In Oregon a law is being introduced providing for a separate board of five members. Besides the ordinary subjects of anatomy, physiology, chemistry, histology, pathology, gynecology, obstetrics, theory and practice of osteopathy, the board is given permission to include such other subjects as they may deem necessary. They are also given discretion to accept in lieu of examination, the diploma from a school by them recognized as a regular.

North Carolina osteopaths are at present working under medical law, but hope soon to have a full osteopathic board.

Ontario osteopaths feel that they are gaining ground, although the hypothetical question that the "Osteopaths and other practitioners professing to cure without the administration of drugs, and who are not registered under the act, have the right to practice," was not decided by the court before whom the medical board appeared, as there was no definite case in hand.

In California a court decision has practically nullified the osteopathic board as regards its discretionary and examining powers, making it virtually a board of registry only.

Ohio osteopaths are being bothered again slightly by being refused the right to testify as physicians. The appellate court has not passed on the latest instance of this kind, but we trust that this last attempt of the medics to worry the osteopaths in Ohio will prove abortive.

In Arizona, while a number of osteopaths are practicing without being hindered by the M. D's., although having no rights before the law, one in particular, Dr. Balance, who attempted to practice at Yuma, was prevented. We are informed she accordingly opened her office across the state line in Yuma, Calif.

Wisconsin, osteopathically considered, is perhaps the best state in the union outside of Missouri. The osteopaths there are regarded as physicians and have physicians' rights. The only disturbing element is that of the chiropractors who claim osteopathy is only massage, while chiropractic, as they claim, is the only method of spinal adjustment. This question was decided last year in an appellate court, but the defendants were not regular graduates of a chiropractic school, nor were they well educated otherwise. The national association of chiropractors has been collecting a defense fund with which they have boasted they will prove that chiropractic and osteopathy are different and that chiropractors are privileged to practice anywhere without examination or other legal hindrance. They have apparently selected an educated young Japanese who has located in La Crosse, the scene of the last legal argument, and the outcome remains to be seen, as he has appeared in print and defied the State Board to arrest him.

The Tennessee board, while meeting by compulsion once a year, may meet as often as its members elect; but is given no discretionary power in granting temporary permits, so usually meets twice a year, subsequent to the regular osteopathic graduations. The next meeting will be Feb. 21-22.

In Vermont, the following changes have been made in the board: Dr. C. G. Wheeler replaces Dr. Guy Loudon, whose term had expired. Dr. H. K. Sherburne is president; Dr. C. G. Wheeler, treasurer; Dr. W. W. Brock, secretary.

* * *

PERSONALS.

Dr. Cora E. Snyder has opened an office at 318-19 Fay Bldg., Los Angeles, Cal. Dr. A. D. Morrow, who was announced last month as being at Orrick, Mo., is at Richmond, Mo., and has a branch office at Orrick.

Dr. C. M. Case has succeeded to the practice of his former partner, Dr. W. H. Eckert, 657 Century Bldg., St. Louis. Dr. Eckert will take a year's vacation.

Dr. Charles E. Finley, of Atlantic, Ia., has just returned from an extended tour through the eastern states.

Mrs. Perrin, wife of Dr. Geo. Perrin, Denver, Colo., is making a splendid recovery from typhoid fever, handled by osteopathic methods. Drs. Boles had charge of the

case. Drs. C. C. Reid and E. C. Bass were called in consultation.

Drs. Tucker & Tucker announce the opening of an office at Greensboro, N. C., on Jan. 1st, 1907.

Dr. Mason W. Pressly announces the association with him on Jan. 1st, 1907, of his son, Dr. Mason W. Pressly, Jr., in the practice of osteopathy, and the removal of his offices from 613 Witherspoon Bldg., to 401-2 Hale Bldg., 1326 Chestnut St., Philadelphia, Pa.

On Dec. 31st Drs. C. W. and Alice H. Proctor celebrated the twentieth anniversary of their wedded life.

Dr. D. W. Starbuck, on account of ill health, will spend the winter in the south and expects to return in the spring to Montgomery City, Mo.

Dr. Louise Lewis, of St. Louis, Mo., after a short visit in Kirksville, Mo., has located in Clarinda, Ia.

Dr. Mary Brewer of Louisville, Ky., is convalescing from typhoid fever.

Dr. C. K. Garring of Durant, I. T., is again in practice after a sickness of some weeks.

Dr. Wilbur Blackman of Bluffton, Ind., is now touring the eastern and southern states.

Dr. D. H. Faulkin of Pekin, Ill., has been in poor health for some months.

* * *

VISITORS.

The following practitioners visited at the American School of Osteopathy during the past month: Drs. A. G. Hildreth, St. Louis, Mo.; Louise Lewis, Clarinda, Ia.; Clara David, Bowling Green, Ohio; J. F. Holsclaw, Doniphan, Mo.; Minnie Dawson, Detroit, Mich.; J. W. Snavely, Davenport, Ia.; P. B. Snavely, Paris, Mo.; Tilden J. Novinger, Montreal, Canada; Franklin Fiske, Portage, Wis.; J. W. Parcels, Temple, Tex.; D. L. Clark, Fort Collins, Colo.; Mrs. P. R. Cain, Hannibal, Mo.; Earl L. Manatt, New Castle, Ind.; E. S. Manatt, Brooklyn, Ia.; Carrie M. Mabis, Woonsocket, S. D.; R. B. Johnston, London, Ohio; F. R. Heine, Pittsburg, Pa.; Olive C. Waller, Alliance, Nebr.; Robt. W. Bell, Independence, Kans.

Drs. Jennie Evans of Akron, Ohio, and J. O. Woodmansee, of Leon, Ia., brought patients to the A. S. O. Hospital.

* * *

BIRTHS.

Born.—To Dr. and Mrs. H. R. Kellogg of Lancaster, Pa., a son.

Born.—To Dr. and Mrs. E. M. Sasvil, Huntsville, Ala., Nov. 5th, 1906, a daughter.

* * *

DEATHS.

Died.—Dr. L. D. Hickman of Princeton, Ill., died Jan. 3, 1907. Dr. Hickman was a well known practitioner, a graduate of the American School of Osteopathy, class of 99. He was buried in Kirksville, Mo., his former home.

Died.—Mrs. Chas. Coffee died at her home in Chadron, Nebr., November 22nd of abscess of the liver. Both Mr and Mrs. Coffee are well and favorably known all over the state. Mr. Coffee will be remembered as the one who was mainly responsible for the passage of the osteopathic bill by our state legislature several years ago, since which time he has been a staunch friend of the profession.

Died—Dr. M. E. Pearson of Louisville, Ky., while returning from a professional call on Jan. 22nd, was struck by a street car and thrown against the curbing receiving fractures of the skull and other injuries from which he died in a few hours. Dr. Pearson was accompanied by Dr. Evelyn R. Bush, who was associated with him in practice, and who very narrowly escaped being hit by the car.

Dr. Pearson was born at Iowa Falls, Iowa, thirty-five years ago and made that place his home until five years ago. He graduated from the A. S. O. in 1903. He leaves his mother and two brothers to mourn his untimely death.

Died.—Mrs. Larter, wife of Dr. E. R. Larter, at Tippecanoe City, Ohio, Jan. 25th. Mrs. Larter has been in failing health for two years, heart failure due to asthenia being the immediate cause of death.

Died—Dr. Sylvester W. Hart, in Albany, N. Y., Saturday, Feb. 2nd, aged 48 years. Dr. Hart's illness was of one week's duration, a number of conditions operating to cause death. He was troubled for some time with Bright's disease and this took an acute form a few days ago. He was born in Fonda, N. Y., and received his education in the public schools of that place. Dr. Hart graduated from the American School of Osteopathy in 1901 and on graduating located at Albany, where he built up a very successful practice. He was very prominent in state and national osteopathic organizations, and last year was president of the New York State Osteopathic Society. He has been an important figure at the State Capitol in all matters relating to osteopathy. Dr. Hart was a prominent Mason and the funeral obsequies were conducted by James Ten Eyck Lodge of that fraternity.

* * *

RESOLUTIONS.

At a meeting of the Louisville osteopaths held January 23, 1907, the following resolutions were adopted:

Whereas: On the 22nd day of January, 1907, through the sudden and untimely death of our beloved brother, Dr. M. E. Pearson, we have sustained a grievous loss; and

Whereas: The profession has lost a representative of sterling worth, suffering humanity a skillful practitioner, his associates a most estimable colleague, and his intimates a most loyal, open hearted friend; therefore be it

Resolved: That we, deploring our loss, share with the bereaved family of Dr. Pearson their sorrow and grief, and hereby tender our heartfelt sympathy; that copies of these resolutions be sent to the afflicted family, to the local papers, to the osteopathic journals and to the Bulletin of the Atlas and Axis Clubs.

Committee:

DR. W. C. McMANAMA,
DR. DORA WHEAT,
DR. SILAS DINSMOOR,
DR. S. H. EPPERSON,
DR. R. H. COKE, Ch'rm.

* * *

MARRIAGES.

Married.—Monday, Dec. 24th, 1906, at Lake City, Iowa, Dr. Frank E. Root and Miss Sadie M. Day. At home at 210 W. 8th St., Erie, Pa.

Married—Wednesday, Nov. 28th, 1906, Mr. B. S. Yost and Dr. Alice A. Holland, both of Shelbyville, Ill.

Married.—Wednesday, Dec. 12th, 1906, Dr. Arthur Sylvester Piper and Miss Catheryn Dickinson.

REMOVALS.

Dr. Leslie S. Keyes from Willmar, Minn., to Hulet Blk., Minneapolis, Minn.
Dr. Sandford T. Lyne from Commerce Bldg., to 612 Shukert Bldg., Kansas City,

Mo.

Dr. T. C. Morris from Nez Perce, Idaho, to Spokane, Wash.
Drs. Barton & Barton from Pawhuska, Okla., to Bartlesville, Ind. Ty.
Dr. Geo. O. Baumgras from Dublin, Ga., to 413-15 Grand Opera House, Macon, Ga.
Dr. W. R. Byars from Kuhn Bldg., to Fletcher & Salmons Bldg., Cor. 6th & D. Sts, San Diego, Calif.

Dr. Julia A. Johnson from Lancaster, Pa., to Manasquan, N. J.

Dr. Mary Bower from Humboldt, Nebr., to Pawnee City, Nebr.

Dr. Floyd J. Ganoung from Belleville, Kans., to Jewel City Kans.

Drs. L. K. and Carrie A. Cramb from Hennessy Bldg., to 16 Owsley Block, Butte, Mont.

Dr. O. F. Heisley from Garfield, Wash., to Kennewick, Wash.

Dr. O. C. Keller from Loveland, Colo., to Tekoa, Wash.

Dr. Herbert Bernard from 504 Ferguson Bldg., to 504-5-6 Fine Arts Bldg., Detroit, Mich.

Dr. Margaret E. Messick from 6358 Ellis Ave., to The Tudor 4300 Ellis Ave., Chicago, Ill.

Dr. Nell Runyon from 141 S. 12th St., to 140 So. 13th St., Lincoln, Nebr.

Dr. John W. Robinson from Cambridge Springs, Pa., to 924 Peach St., Erie, Pa.

Dr. M. W. Bailey from Masonic Temple, to 337-8 Temple Court Bldg., Cor. 15th & Calif. Sts., Denver, Colo.

Dr. T. J. Watson from Pueblo, Colo., to New York.

Drs. Frances A. Howe and Martha M. Foss, to 38 Orton Place, Buffalo, N. Y.

Dr. W. C. Williams from Healdsburg, Calif., to 724 4th St., Santa Rosa, Calif.

Dr. Franklin Fiske from Portage, Wis., to A. S. O., Kirksville, Mo.

Dr. E. O. Millay from Barry, Ill., to 232 Woodward Ave., Detroit, Mich.

Dr. J. T. Bass from 1157 Broadway, to Suite 624-626 Empire Bldg., 16th & Glenarm St., Denver, Colo.

Dr. Lena Snedal from Dennison, Tex., to Louis, Okla.

Dr. John H. Lucas from 2848 Indiana Ave., to 203 Trude Bldg., Chicago, Ill.

Dr. Caroline B. Martin from 358 West Ninth St., to 321 Mason Bldg., Los Angeles, Calif.

Drs. J. H. B. and Kathryn McLeod Scott from Charleston, O., to New National Bank Bldg., Columbus, Ohio.

Dr. Geo. Tull from When Bldg., to 727 Pythian Bldg., Indianapolis, Ind.

Drs. Ida & Eleanore Moore of Ft. Wayne, Ind., to St. Louis, Mo., having purchased the practice of Dr. Ella Hunt of that place.

Dr. P. V. Aaronson from Dinubia, Calif., to 116 East Ninth St., Hanford, Calif., where he has formed partnership with Dr. Ida Cowan Glasgow.

Dr. Edna Blake from Maquoketa, Ia., to San Antonio, Tex.

Dr. Louise Lewis from St. Louis, Mo., to Clarinda, Ia.

Dr. A. D. Finch from Talmage, to Indianola, Neb.

Dr. A. B. Culley from Durand, Mich., to Lapeer, Mich.

Dr. J. R. Mosely from Georgetown, Ky., to DeLand, Fla.

Dr. Willard C. Armstrong from Buffalo, N. Y., to Ingram, Pa.

Dr. Edw. C. Skinner from Charlotte, Mich., to Saginaw, Mich.

Dr. Helen I. Gilbert from Los Angeles, Calif., to Ontario, Cal.

Dr. L. H. Noordhoff from Claresholm, Ont., Canada, to Omro, Wis.

Dr. Mary A. Finley from College Springs, Ia., to Eureka Springs, Ark.

Dr. James T. Best from 503 Mason Bldg., to 331 Mason Bldg., Los Angeles, Cal.

Dr. Frank A. Parker from Hammond, Ind., to 204 West Park St., Champaign, Ill.

Dr. Leslie M. Beaven from Vincennes, Ind., to 310-9 Delaware St., Indianapolis,

Ind.

Dr. Horace M. Walker from Gainesville, Fla., to the Carson Bldg., Amarillo, Tex.

Dr. J. S. Huntington from New York Life Bldg., Omaha, Neb., to Santa Barbara, Cal.

Drs. W. Edw. & Anna G. Ride from Marion, Ill., to 416 Commonwealth Bldg., Denver, Colo.

Dr. H. E. Douglass from Paletka, Fla., to Ostraski Bldg., Chico, Cal.

Dr. H. Lynn Knapp from 128 Cheapside, to 302-304 Masonic Temple, Elyria, O.

Drs. S. W. & Elizabeth H. Tucker from Durham, N. C., to Greensboro, N. C.

Dr. H. Madsen from 1002 Brook Ave., to 992-994 Trinity Ave., New York, N. Y.

Dr. Agnes Ussing from 111 West Sixty-eighth St., to Suite 601, 156 Fifth Ave., New York, N. Y.

Dr. Geo. A. Barrett from 129 West Twenty-sixth St., to 2602 Nicollet Ave, Minneapolis, Minn.

Dr. H. J. Sanford from 538 Temple Court, to Empire Bldg., Glenarm and Sixteenth Sts., Denver, Colo.

Dr E. W. Christensen from 420 North Oregon St., El Paso, Texas, to 335 North Soto St., Los Angeles, Cal.

Dr. Jos. F. Coffman from 219 East Fourth St., Owensboro, Ky., to 316 North Court St., Florence, Ala.

Drs. Tasker & Tasker from 414-19 Grant Bldg., to Suite 526-9 Auditorium Bldg., Cor. Fifth & Olive Sts., Los Angeles, Calif.

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